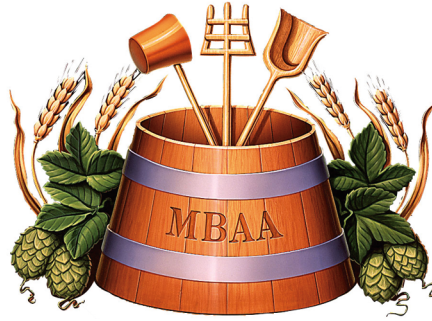


# MBAA DISTRICT MID ATLANTIC



## SCHOLARSHIP APPLICATION

I, \_\_\_\_\_ have read and understand the conditions of the MBAA MID ATLANTIC DISTRICT SCHOLARSHIP as explained in the current Notes to Candidates for Scholarships, found here: <http://www.mbaa.com/districts/MidAtlantic/Pages/Scholarships.aspx> I affirm that I plan to pursue a career in the brewing industry, or that I am currently pursuing a career in the brewing industry, as defined in the aforementioned documentation. I give permission to officials of my current and former institutions to release transcripts of my academic record, as well as information from my current and former employer(s) and relevant organizations. I understand that this application will be available only to qualified people who need to see it in the course of their duties. If selected as an MBAA Mid Atlantic Scholar, I agree to attend a MBAA District Mid Atlantic meeting, and will present at the MBAA Mid Atlantic meeting. I affirm that this completed application has been written by me. I affirm the information contained herein is true and accurate to the best of my knowledge and belief.

SIGNATURE: \_\_\_\_\_

DATE: \_\_\_\_\_

I AM APPLYING FOR     EDUCATIONAL SUPPORT     TRAVEL SUPPORT     OTHER

Please give a brief explanation of why you are applying for the MBAA Mid Atlantic Scholarship. Please list intended expenditure (course, travel, educational expense, etc.).

**BIOGRAPHICAL QUESTIONNAIRE:**

**A. PERSONAL INFORMATION**

**Legal Name in Full**

LAST \_\_\_\_\_ FIRST \_\_\_\_\_ M.I. \_\_\_\_\_

**Permanent Residence**

STREET AND NUMBER \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP CODE \_\_\_\_\_

TELEPHONE \_\_\_\_\_ EMAIL \_\_\_\_\_

MBAA MEMBERSHIP NUMBER \_\_\_\_\_ MEMBER SINCE \_\_\_\_\_

**Eligible candidates must meet eligibility requirements:**

The recipient must be a member in good standing with the Master Brewers Association of the Americas for a period of at least twelve months and District Mid Atlantic for a period of at least twelve months prior to receiving the award.

**B. EMPLOYMENT**

**Current Employment**

OCCUPATION \_\_\_\_\_ DATE STARTED \_\_\_\_\_ UNTIL \_\_\_\_\_

EMPLOYER NAME \_\_\_\_\_

STREET AND NUMBER \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP CODE \_\_\_\_\_

CONTACT PERSON \_\_\_\_\_

CONTACT TELEPHONE \_\_\_\_\_ CONTACT EMAIL \_\_\_\_\_

**Former Employer(s)**

EMPLOYER NAME \_\_\_\_\_ DATES OF EMPLOYMENT \_\_\_\_\_

EMPLOYER NAME \_\_\_\_\_ DATES OF EMPLOYMENT \_\_\_\_\_

EMPLOYER NAME \_\_\_\_\_ DATES OF EMPLOYMENT \_\_\_\_\_

EMPLOYER NAME \_\_\_\_\_ DATES OF EMPLOYMENT \_\_\_\_\_

Please describe your employment in more detail. Include information about your duties and daily responsibilities.

C. EDUCATION

EDUCATION LEVEL     HIGH SCHOOL     COMMUNITY COLLEGE     UNDERGRADUATE  
 MASTER     DOCTORATE     \_\_\_\_\_

SCHOOL \_\_\_\_\_ DATE STARTED \_\_\_\_\_ GRADUATION \_\_\_\_\_

MAJOR/ THESIS SUBJECT \_\_\_\_\_

SCHOOL CONTACT INFORMATION (ADDRESS, TELEPHONE, EMAIL) \_\_\_\_\_

Describe any additional education below (Undergraduate education, Siebel, American Brewers Guild, IBD, etc.)

#### D. EXTRACURRICULAR ACTIVITIES

List and describe any relevant extracurricular activities.

#### E. AWARDS AND SCHOLARSHIPS

List and describe any previously received scholarships and awards.

F. PERSONAL ASPIRATIONS

Please describe your personal aspirations, and how this scholarship will help you to further yourself, the brewing industry, and the MBAA.

Does your current employer support your current educational aspirations?  YES  NO

If you answered no, please provide detail on how you plan to accomplish your goal if awarded a scholarship.

G. REFERENCES

Please provide at least two references.

NAME	RELATIONSHIP TO APPLICANT
MBAA MEMBER <input type="checkbox"/> YES <input type="checkbox"/> NO	
EMAIL ADDRESS	TELEPHONE

NAME	RELATIONSHIP TO APPLICANT
MBAA MEMBER <input type="checkbox"/> YES <input type="checkbox"/> NO	
EMAIL ADDRESS	TELEPHONE

NAME	RELATIONSHIP TO APPLICANT
MBAA MEMBER <input type="checkbox"/> YES <input type="checkbox"/> NO	
EMAIL ADDRESS	TELEPHONE

Please attach a current resume or CV to this application and return to [jasperakerboom@gmail.com](mailto:jasperakerboom@gmail.com)

H. SIGNATURE

I acknowledge that the decision of the scholarship committee is binding and not available to appeal. I may only be awarded one scholarship per two-year period through District Mid Atlantic and attest I have not received one in the last two years. Depending upon need the amount of the scholarship may be adjusted. All scholarship funds use must be documented and submitted for review to the President/Secretary of District Mid Atlantic prior to payment unless other agreement has been reached. All funds must be used within twelve months of award or will be forfeited. Funds may be taxable and are the responsibility of the recipient.

NAME	DATE
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